

12 18

| PLACE OF BIRTH   |   | ARIZONA STATE BOARD OF HEALTH  |  |
|--|---|--|--|
| County of <u>Gila</u>  | BUREAU OF VITAL STATISTICS                              | State Index No. <u>184</u>   |  |
| District of <u>Miami</u>   | ORIGINAL CERTIFICATE OF BIRTH                           | Co. Register No. <u>209</u>  |  |
| Town of <u>Miami</u>   |   | Local Registrar's No. _____  |  |
| or _____   |   |  |  |
| City of _____  | (No. <u>Miami-Inspiration Hospital</u> Sr. _____ Ward)  |  |  |
| FULL NAME OF CHILD <u>Carl Jones Stunz</u>   |   | Born <input type="checkbox"/> Yes  | Alive <input checked="" type="checkbox"/> <u>NOX</u> |
| If child is not named, make Supplemental Report on blank obtainable from local Registrar.  |   |  |  |
| Sex of Child <u>Male.</u>  | Twin, Triplet or other <input type="checkbox"/>         | and <input type="checkbox"/>   | Number in order of birth <u>1</u>                    |
|  |   |  | Legitimate? <u>Yes</u>                               |
|  |   |  | Date of Birth <u>3/31/21</u> 192 (Month) (Day) (Yr.) |
| FATHER   |   | MOTHER   |  |
| Full Name <u>Carl G. Stunz</u>   | Residence <u>Miami</u>                                  | Full Maiden Name <u>Lennie Jones</u>   | Residence <u>Miami</u>                               |
| Color or Race <u>Cau.</u>  | Age at last Birthday <u>26</u> (Years)                  | Color or Race <u>Cau.</u>  | Age at last Birthday <u>23</u> (Years)               |
| Birthplace <u>Missouri</u>   | Occupation <u>Private Secretary.</u>                    | Birthplace <u>New Mexico</u>   | Occupation <u>Housewife.</u>                         |
| Number of child of this mother <u>1</u>  | Number of children, of this mother, now living <u>1</u> | Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>               |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <u>31</u> AM  |   |  |  |
| I hereby certify that I attended the birth of the above child; and that it occurred on <u>March</u> 192 <u>1</u> , at <u>1.55</u> M. |   |  |  |
| *When there is no attending physician or midwife, then the householder should make this return.                                      |   | (Signature) <u>G. A. Paige</u><br>(Attending physician, midwife, householder.) |  |
| Given or Christian name added from a supplemental report _____ 192 _____   |   | Address <u>Miami</u>   |  |
| COUNTY REGISTRAR.  |   | LOCAL REGISTRAR. <u>B. Hardy</u>   |  |
| FILED <u>Apr 11</u> 192 <u>1</u>   |   | A True Copy FILED <u>5/7</u> 192 <u>1</u>                                      |  |
|  |   | COUNTY REGISTRAR.  |  |

329-331-312